

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
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46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	49					
TOTAL CLAIMS	52					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
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95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						